



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

04 SEP -3 PM 2:08

INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper

CAROL A. SABAUGH
HAGUEN COUNTY CLERK
MICHIGAN

This Statement covers From: JULY 19, 04 To SEP 2, 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 13700850

4. Committee's Mailing Address 39295 RIVERCREST
HARRISON TWP. MI. 48045

Area Code and Phone (586) 465 1595

2. Committee Name CITIZENS FOR
RESPONSIVE & ETHICAL GOV.

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

JAMES ULINSKI
39295 RIVERCREST

Area Code and Phone 586 465 1595 H.T. MI. 48045

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designate Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8a. TRIANNUAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☒ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☒ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

AUG 3 2004
Month Day Year

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8f
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking this item, I/we certify that the
committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record Keeper JAMES ULINSKI
Type or Print Name

Signature

Date 9 2 04
Mo Day Year



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13700850

2. Committee Name CITIZENS FOR RESPONSIVE
& ETHICAL GOVERNMENT

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$	<u>800</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>800</u>	(18.) \$ <u>800</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>-</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ <u>800</u>	(20.) \$ <u>800</u>
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)	(6a.) -	<u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$	<u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ <u>0</u>	(21.) \$ <u>0</u>
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$	<u>2248</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	<u>0</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	<u>3452.59</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	<u>0</u>	
e. Subtotal of Expenditures	(8e.) \$	<u>5700.59</u>	(22.) \$ <u>5700.59</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	<u>-</u>	(23.) \$ <u>-</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$ <u>5700.59</u>	(24.) \$ <u>5700.59</u>
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)			
		(11.) \$	<u>-</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)	(12a.) \$	<u>248.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$	<u>-</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)			
		(13.) \$	<u>1216</u>
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)			
		(14.) +	<u>800</u>
15. SUBTOTAL Add lines 13 and 14		(15.) =	<u>2016</u>
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)			
		(16.) -	<u>5700.59</u>
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$	<u>0</u> *

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13700850

2. Committee Name CIT. FOR RESP + ETH. GOV

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Eac Contributor (Through date of receipt)
<p>3. Contribution # 1</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>JULY 22, 2004</u></p> <p>Name: <u>JAMES SESNIE</u></p> <p>Address: <u>403 ROLAND CT.</u> <u>GROSSE PT. FARMS, MI</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$500. ⁰⁰	\$500. ⁰⁰
<p>3. Contribution # 2</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt <u>JULY 22, 2004</u></p> <p>Name: <u>BRIAN SLADEK</u></p> <p>Address: <u>26979 L'ANSE CRUESE</u> <u>HARRISON TWP. MI.</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>U.S. GOV.</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	\$300. ⁰⁰	\$300. ⁰⁰
<p>3. Contribution # 3</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4</p> <p>Is this contribution from a PAC? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal</p> <p>Grand Total of All Schedules 2A (Complete on last page of Schedule)</p>		<p>800.⁰⁰</p> <p>800.⁰⁰</p> <p>Enter this total on line 3 of Summary Page</p>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 13700850
2. Committee Name CIT. FOR RES. + ETH. GOV

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name: <u>ROBERT LAYT</u> Address: <u>16423 WOODSTREAM</u> <u>CLINTON TWP. MI</u> If over \$100.00 cumulative, please provide: Occupation: <u>OWNER</u> Employer: <u>TECHNI-MED</u> Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>MAILING</u> 5. DATE OF RECEIPT: <u>7/29/04</u> 6. VENDOR NAME & ADDRESS: <u>MANHATTAN MAILERS</u> <u>MACOMB TWP. MI</u>	<u>\$3452.⁵⁹</u>	<u>3452.⁵⁹</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____ _____		

Page Subtotal
Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

3452.⁵⁹
3452.⁵⁹

Enter this total
on line 6a of
Summary Page

**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number 13700850
2. Committee Name CIT. FOR RESP. ETH. GOV.

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name: C & G NEWS Address: 13650 11 MILE RD WARREN, MI 4. Purpose: NEWSPAPER AD <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	JULY 12, 2004	1248. ⁰⁰	1248. ⁶⁰
Expenditure #2 Name: JAMES ULINSKI Address: 39295 RIVERCREST HARRISON TWP, MI 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input checked="" type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	AUG, 5 2004	1000.	1000
Expenditure #3 Name: _____ Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #4 Name: _____ Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County _____ Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement			

Subtotal this page
Grand Total of all Schedules 2B
(Complete on last page of Schedule)

2248

2248

Enter this total
On Line 7a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES
SCHEDULE 2B-2

1. Committee I. D. Number 13700850

INDEPENDENT OR POLITICAL COMMITTEE

2. Committee Name CIT. FOR REP. & ETH. GOV.

3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.	4. Type of In-Kind Expenditure (Check applicable box) 5. Date of Expenditure 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Money Spent (Purchased Goods or Services)	8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services)	9. Cumulative for the Elect or Election Cycle (Through date in Item 5)
Expenditure #1 Name: <u>ROBERT LAYTI</u> <u>16423 WOODSTREAM</u> Address: <u>CLINTON TWP, MI</u> Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: <u>VOTER MAILING</u> 5. DATE OF EXPENDITURE: <u>7/29/04</u> 6. VENDOR NAME & ADDRESS: <u>MANHATTAN MAILERS</u> <u>MACOMB TWP, MI</u>	<u>\$3452.59</u>		<u>3452.59</u>
Expenditure #2 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: 5. DATE OF EXPENDITURE: 6. VENDOR NAME & ADDRESS:			
Expenditure #3 Name: Address: Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased <input type="checkbox"/> Goods or Services Purchased - LOAN Description: 5. DATE OF EXPENDITURE: 6. VENDOR NAME & ADDRESS:			
Page Subtotal		<u>3452.59</u>		
Grand Total of all Schedules 2B-2 (Complete on last page of Schedule)		<u>3452.59</u>		

Enter this total
on line 7c of the
Summary Page

Enter this total on
line 11 of the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS
SCHEDULE 2E
POLITICAL OR INDEPENDENT COMMITTEE**

1. Committee I.D. Number

13700850

2. Committee Name

CIT. FOR RESP + ETHICAL GOV.

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee
(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus line 8) <input type="checkbox"/> FORGIVEN
Debt #1 Owed to or by: <u>JAMES ULINSKI</u> <u>39295 RIVERCREST</u> <u>HARRISON TWP. MI</u> If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>6/23/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1248.00</u>	<u>8/5/04</u> \$ <u>1000</u> _____ _____ _____ _____	<u>1000</u>	<u>248.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	 <input type="checkbox"/> FORGIVEN
Debt #3 Owed to or by: _____ _____ _____ If bank loan, name of endorser or guarantor: _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	 <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 2E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

248.00
248.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of _____

Enter this total or line 12a "owed by", or line 12b "owed to" of the Summary Page